



## TELECOMMUTING HARDWARE/SOFTWARE INVENTORY LIST

Telecommuter's Name \_\_\_\_\_

Date \_\_\_\_\_

mm/dd/yyyy

Telecommuter will use:

☐ Division Equipment

☐ Employee Personal Equipment

☐ Both

<b>AGENCY PROVIDED HARDWARE</b> Considered within the scope of the telecommuter's work			
	FA #	Serial #	Description
PC			
Monitor			
Printer			
Modem			
Mouse			
Other			
Other			

<b>AGENCY PROVIDED SOFTWARE</b> Considered within the scope of the telecommuter's work		
Name	Version	Additional Information

The undersigned agrees that reasonable care will be exercised over the hardware and software identified above which is considered within the scope of the telecommuter's work. The employee will be responsible for any damage resulting from negligence or malicious activity. All hardware and software will be returned upon completion of this program. The installed software will not be copied or distributed to a third party. The employee will not install any unauthorized software or hardware on the assigned equipment. The undersigned is not authorized to use this hardware or software for any purpose other than the assigned telecommuting program.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LAN Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

EMPLOYEE PROVIDED HARDWARE	EMPLOYEE PROVIDED SOFTWARE

The undersigned Employee is providing the hardware and software identified above for this telecommuting program at his/her own request and is not being compelled to use this privately-owned property for telecommuting. The undersigned agrees that the use of the equipment identified above is being done voluntarily. The undersigned release the Telecommuter's Agency/Division and the State of Utah from any and all forms of liability pertaining to the use of this equipment. Neither the Telecommuter's Agency/Division nor the State of Utah will reimburse the employee for the use of this equipment nor be responsible for its repair or replacement. The undersigned waives all right to reimbursement, compensation, or consideration for the use of the above equipment in this program.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LAN Administrator: \_\_\_\_\_

Date: \_\_\_\_\_